Depend on our people. Count on our advice. SM

REDACTED - FOR PUBLIC INSPECTION

Received & Inspected

OCT 222013

COCKET FILE COPY ORIGINAL

October 22, 2013

FCC Mail Room

Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554

ATTENTION: WIRELINE COMPETION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422 SAC 361390, MN, Federated Telephone Cooperative Connect America Fund WC Dockets 10-90 and 11-42

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of Commission's Rules, Federated Telephone Cooperative, MN, SAC 361390 is filing its Form 481 High Cost and Low-Income Annual Report.

Federated Telephone Cooperative seeks confidential treatment under the Protective Order in this proceeding. 1 Pursuant to the Order, one copy of the confidential document and two copies of the redacted version are provided. The Redacted version is also being filed on the Electronic Comment Filing System.

Please address any correspondence regarding this transmittal to the attention of Tom Campbell at the following address, e-mail or telephone number.

Sincerely.

Tom Campbell Telecommunications Consultant tcampbell@otcpas.com

651-621-8511 (v) 651-483-2467 (f)

Enclosures

CC: Mr. Charles Tyler, FCC Telecommunications Access Policy Division (two copies confidential)

¹ See Protective Order 27, WC Docket Nos. 10-90 et al, Rec 14231 rel. November 16 No. of Copies recid<u>0+</u> List ABCDE ("Order")

Received & Inspected Page 1

	rm 481 - Carrier Annual Reporting ollection Form		FCC Form 481 OMB Control No Inly 2013	. 3060-0986/ОМЕ СОПТО 10. 3060-0813
<010>	Study Area Code	361390		FCC Mail Room
<015>	Study Area Name	FEDERATED TEL COOP		
<020>	Program Year	2014		
<030>	Contact Name: Person USAC should contact with questions about this data	Tom Campbell		
<035>	Contact Telephone Number: Number of the person identified in data line <	651-621-8511		·
<039>	Contact Email Address: Email of the person identified in data line <03	tcampbell@otcpas.c	om .	
ANNU	AL REPORTING FOR ALL CARRIERS			54.313 54.422 Completion Required Required
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(check box when complete)
<200> <210>		ox if no outages to report	(complete attached worksheet)	
<300> <310> <320> <330>	Detail on Attempts (voice) Unfulfilled Service Requests (broadband)	0	(attach descriptive document)	
<400> <410> <420> <430> <440>	Fixed Mobile 0.0 0.0 Number of Complaints per 1,000 customers (I			✓ ✓
<1000 <1010 <1100 <1110	361390mn510 Functionality in Emergency Situations 361390mn610 Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)?)	(check to indicate certification) (attached descriptive document) (check to indicate certification) (attached descriptive document) (complete attached worksheet) (complete attached worksheet) if yes, complete attached worksheet) (check to indicate certification) (attach descriptive document) if not, check to indicate certification) (complete attached worksheet) (complete attached worksheet)	
<2000 <2005 <3000 <3005	> Rate of Return Carriers, Proceed to <u>ROR Add</u> >	ith Price Cap Local Exchange	e Carriers (check to indicate certification) (complete attached worksheet)	

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	361390	FEDERATED TEL COOP	2014	garding this data Tom Campbell	identified in data line <030> 651-621-8511	identified in data line <030> tcampbell@otcpas.com	from the FCC? (yes / no.) O	4.202(a) "5	t required to file a progress our company's existing § t relates to your provision of lan or, in subsequent years, r.C.F.R. § 54.313(a)(1). If your company is a rogress report is only the attached PDF, on line service quality improvement hall be submitted at the wire rights rights		y t targets not met
(100) Service Quality Improvement Reporting Data Collection Form	> Study Area Code		l	> Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	> Contact Email Address - Email Address of person identified in data line <030>			If your answer to Line <111> is yes, then you are requency, on line <112> delineating the status of your of 54.202(a) "5 year plan" on file with the FCC, as it relavoice telephony service. Attach Five-Year Service Quality Improvement Plan of your annual progress report filed pursuant to 47 C.F.I. CETC which only receives frozen support, your progracy required to address voice telephony service. Please check these boxes below to confirm that the annual pursuant to § 54.202(a). The information shall blan pursuant to § 54.202(a). The information shall be center level or census block as appropriate. Maps detailing progress towards meeting plan targend and those manch universal service (USE) support was propressed to the progress towards meeting plan targends.		now (USF) was used to improve service coverage. How (USF) was used to improve service capacity Provide an explanation of network improvement tar in the prior calendar year.
(10) Dat	<010>	\$10°	<020>	<030 √030	<035	<039>	4110>	<111>	413	415	<1115><1117><1118>

819							\$	Preventative	Procedures				T									
No. 3060-08							₹	Prever	Proce													
FCC Form 481 OMB Centrol No. 3060-0986/OMB control No. 3060-0819: July 2013							\$	Service Outage	Resolution													
FCC Form 481 OMB Centrel No. 3060 July 2013							\$	Did This Outage Affect Multiple Study Areas	(Yes / No)													
							ê	Service Outage Description (Check	all that apply)													
							\$	911 Facilities Affected	(Yes / No)						3							
		di				ав.сош	< 2>	Total Number of	Customers					See standard	ייי מוומטיוט	worksneet						
	361390	FEDERATED TEL COOP	2014	Tom Campbell	Contact Telephone Number - Number of person identified in data line <030> 651-621-8511	Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com	(Number of Customers Affected								ΦM						
	3				data line <03	1 data line <03	< b 4>	pu														
				regarding this	rson identified in	rson identified i	< b 3	Outage End Date				•										
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(200) Service Outage Reporting (Voi Data Collection Form	Study Area Code	Study Area Name	Program Year	Contact Name	Contact Telepi	Contact Email	6	NORS Reference														
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Control No. 3060-0819									<0>	Total nor line Bates and Fees												
FCC Form 481 QMB.control No. 3050-0985/GMB Control No. 3050-0819 July 2013									<65>	Mandatory Extended Area												
									<pq><pq></pq></pq>		State Universal Service Fee											
		BL COOP				pas.com			 th3>		State Subscriber Line Charge					See attached worksheet						
	361390	FEDERATED TEL COOP	2014	Tom Campbell	(030> 651-621-8511	Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com	1/1/2013		*<825	Residential Local	Service Kate					See att						
				ling this data	entified in data line <	entified in data line	1/1	Reference to the second	 5013		Rate Type											
ne Desire				contact regar	r of person id	s of person id	ctive Date	ervice Charge	8699		SAC (CETC)											
(700) Price Offerings including Volce Rate Data Data Collection Form	<u>a</u>	ne		Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	Address - Email Addres	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge	<435		Exchange (ILEC)											
(700) Price Offerings inc Data Collection Form	Study Area Code	Study Area Name	Program Year	Contact Name	Contact Teleph	Contact Email	Residential Loc	Single State-wi	21.67		State											
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Broadband Price Offerings Collection form	
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(710) Broadband Price Offerings Data Collection form	

	TEL COOP		113	1158-	11@otopas.com	
361390	FEDERATED TEL COOP	2014	Tom Campbell	651-621-	tcampbe]	
<010> Study Area Code		<020> Program Year 20	<030> Contact Name - Person USAC should contact regarding this data T	<035> Contact Telephone Number - Number of person identified in data line <030> 651-621-8511	<039> Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com	
<010>	<015>	<020>	<030>	<035>	<039>	

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Vsage Allowance Action Taken When Limit Reached (select)							-				
cd3s Usage Allowance (GB)											-
خۇۇ> Broadband Service - Upload Speed (Mbps)											
Rroadband Service - Download Speed (Mbps)											
Co. Total Rate and Fees											
 				e attached	worksheet						
col>				Se	work						
4a.25 Exchange (ILEC)											
State											
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Page 6

FCC Form 481 DIMB Cahthal Na. 3050-0986/ÖMB.Control.No. 3050-0819 July 2013									4838	Doing Business As Company or Brand Designation		(sheet =-										
					as.com				<92.>	SAC		See attached worksheet										
offating Companies lection Form	<010> Study Area Code <015> Study Area Name	ı	e - Person USAC should contact regarding this data	a line <030>	<039> Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com	<810> Reporting Carrier Federated Telephone Cooperative	<811> Holding Company na	<812> Operating Company Federated Telephone Cooperative	<813>	Affiliates		9ee See										

FCCForm 481 OMB Cantrol No. 3060-09867OMB Control No. 3060-0819 July 2013						
	361390	FEDERATED TEL. COOP	2014	Tom Campbell	e <030> 651-621-8511	dentified in data line <030> tcampbell@otcpas.com
J ríbal Lands Reporting 1 Collection Form	<010> Study Area Code	<015> Study Area Name	<020> Program Year	<030> Contact Name - Person USAC should contact regarding this data	<035> Contact Telephone Number - Number of person identified in data line <030> 651-621-8511	<039> Contact Email Address - Email Address of person identified in data lin
Data Co	<010>	<015>	<020>	<030>	<035>	<039>

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions; <921>

Feasibility and sustainability planning;

Marketing services in a culturally sensitive manner; Compliance with Rights of way processes <923>

<925>

<924>

Compliance with Land Use permitting requirements

Compliance with Facilities Siting rules <976>

Compliance with Cultural Preservation review processes Compliance with Environmental Review processes <927> <928>

Compliance with Tribal Business and Licensing requirements.

(Yes,No, Select γ A

T			<u> </u>	Γ

10/11/2013

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013									
	361390	FEDERATED TRI. COOD	2014	Ton Campbell	Trandina III	651-621-8511	identified in data line <030> tcampbell@otcpas.com		
					-	a line <u3u></u3u>	ta line <030>		
1100) No Terrestrial Backhaul Reporting Data Göllection Form	<010> Study Area Code	<015> Study Area Name	<020> Program Year	<030> Contact Name - Person USAC should contact reparding this data	<035> Contact Telephone Number of norce ideasts at a 10 and 10 an	Contract Till A 14 Till Till Till Till Till Till Till Til	COSS CUITACL EITIBIL Address - Email Address of person identified in da	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)
1100) n Sata Co	<010>	<015>	<020>	<030>	<035>	600	2000	<1120>	<1130>

FCC Form 481 OMB. Control No. 3060-0986/OMB. Control No. 3060-0819 July 2013						CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.]							Name of Attached Document Listing Required Information	
361390	FEDERATED TEL COOP	14	Tom Campbell	651-621-8511	tcampbell@otcpas.com	ca Phase I support, frozen High Co: i) the information reported on this																cipient	iof	dband		Name of Attached Docum	
ier Additional Documentation. Jm Carriers offiliated with Price Cap Local Exchange Corriers. Code	Study Area Name	Program Year 2014	Contact Name - Person USAC should contact regarding this data Tom	Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030>	жеs below to note compliance as a recipient of Incremental Connect Americ support as set forth in 47 СFR § 54.313(b).(с).(d).(е	Incremental Connect America Phase I reporting	2nd Year Certification (47 CFR § 54.313(b)(1)}	3rd Year Certification {47 CFR § 54.313(b)(2)}	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	2013 Frozen Support Certification	2014 Frozen Support Certification	2015 Frozen Support Certification	2016 and future Frozen Support Certification	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}	Certification Support Used to Build Broadband	Connect America Phase II Reporting (47 CFR § 54.313(e))	3rd year Broadband Service Certification	5th year Broadband Service Certification	Interim Progress Certification	Please check the box to confirm that the attached PDF, on line 2021,	contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient	of CAF Phase II support shall provide the number, names, and addresses of	community anchor institutions to which began providing access to broadband	service in the preceding calendar year.	Interim Progress Community Anchor institutions	
(2000) Price Cap Carr Data Collection Form Including Rate-of-Ret <010> Study Area	<015> St	<020> Pr	<030> Cc	<035> Cc	<039> Cc	CHECK the b		<2010>	<2011>	ī	<2012>	<2013>	<2014>	<2015>	ă	<2016>	3	<2017>	<2018>	<2019>	<2020>					<2021>	

FECCIÓN 481 ONB Control No. 4966/3086/JOMS Control No. 3160-0819 July 2013						ing compliance with the financial reporting requirements set forth in 47 inched below is accurate.					(ves/No)			361390mn3017									
		FEDERATED TEL COOP		Tom Campbell	tcampbell@otcpag.com	i is five year service quality plan (pursuant to 47 CR § 54.202(a)) and, for privately held carriers, ensuring compliance with the i CR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.		Name of Attached Document Listing Required Information		Name of Attached December 1 Letter December 1 Indian	Marie or Attached Document Library Required milorination			Name of Attached Document Listing Required Information									Name of Attached Document Listing Required Information
(300), Rate Of Return Carrier Additional Documentation Das Collection Farm	Study Area Code	Study Area Name	Program Year 2014	Contact Name - Person USAC should contact regarding this data		CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CPR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47	Progress Report on 5 Year Plan	Milestone Certification (47 CFR § 54.313(f)(1)) Please check this box to confirm that the attached PDF , on line 3012,	contains the required information pursuant to § 54.313 (f)(1)(III), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Community Anchor Institutions (A7 CER 5 54 212(8)(1993)			PDF of Balance Sheet, Income Statement and Statement of Cash Flows	if the response is yes on line 3014, attach your company's RUS annual report and all required documentation if the response is no on line 3014, is your company audited?	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	Ether a copy of their audited financial statement, or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows	Management letter issued by the independent certified public accountant that performed the company's financial audit.	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		Borrowers, Underlying information subjected to a review by an independent certified	public accountant Underlying information subjected to an officer certification.		Attach the worksheet listing required information
3000) 3818 C	<010>	<015>	ŝ	935	<039>	CHEC		(3010)	(3011)	(3012)	(3013) (3014)	(3015)	(3016)	(3017) (3018)		(3019)	(3021)		(3022)	(ecue)	(3024)	(3025)	(3026)

3.00	ion - Reporting Carr ection Form	ler FCC Form-481 OMB Centrol No. 3060-0386/OMB Control No. 3060-0889 July 2013
<010>	Study Area Code	361390
<015>	Study Area Name	FEDERATED TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Pers	on USAC should contact regarding this data Tom Campbell
<035>	Contact Telephone	Number - Number of person identified in data line <030> 651-621-8511
<039>	Contact Email Addre	ss - Email Address of person identified in data line <030> tcampbell@otcpas.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to	he Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients
	onsibilities include ensuring the accuracy of the annual reporting requirements for universal service support n reported on this form and in any attachments is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	4448
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form ca	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonme under Title 18 of the United States Code, 18 U.S.C. § 1001.

CONTRACTOR OF THE PROPERTY OF	ion - Agent / Carrier ection Form	FCC Form 481 IGMB Control No. 7066-6986/GMB Control No. 7066-6986/GMB Control No. 7066-0888 BB/V 2013
<010>	Study Area Code	361390
<015>	Study Area Name	FEDERATED TEL COOP
<020>	Program Year	2014
_<030>	Contact Name - Person USA	C should contact regarding this data Tom Campbell
<035>		- Number of person identified in data line <030> 651-621-8511
<039>	Contact Email Address - Ema	all Address of person identified in data line <030> tcampbell@otcpas.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)Tom <u>Campbell</u> also certify that I am an officer of the reporting carrier; my responsibilitie agent; and, to the best of my knowledge, the reports and data provided to	is authorized to submit the information reported on behalf of the reporting carrier s include ensuring the accuracy of the annual data reporting requirements provided to the authorized the authorized agent is accurate.
Name of Authorized Agent: Tom Campbell	
Name of Reporting Carrier: FEDERATED TEL COOP	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 10/11/2013
Printed name of Authorized Officer: Kevin Beyer	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 320-324-2800	
Study Area Code of Reporting Carrier: 361390	Filing Due Date for this form: 10/15/2013

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF o	or LI Recipier	nts on Behalf of	Reportin	ng Carrier
, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal ser the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge,	ervice support r	recipients on behalf on reported herein	of the rep	porting carrier; I have provided
Name of Reporting Carrier: FEDERATED TEL COOP				· · · · · · · · · · · · · · · · · · ·
lame of Authorized Agent or Employee of Agent: Tom Campbell				
ignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE		····	Date:	10/11/2013
rinted name of Authorized Agent or Employee of Agent: Tom Campbell		···		20/21/2023
itle or position of Authorized Agent or Employee of Agent Consultant				
elephone number of Authorized Agent or Employee of Agent: 651-621-8511				
tudy Area Code of Reporting Carrier: 361390 Filing Due Date for this form:	10/15/2	013		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communia 18 of the United States Code, 18 U.S.C.	ications Act of 19		, 503(b), or	fine or imprisonment under Title

Attachments

FEC Form 481 GMB.Control No. 3050 0986 / OMB.Control No. 3060-0819 uny 2013									KEB3.	esignation		Federated Telephone	Solutions Long Distance											
P.	uon.				pas.com				<a2></a2>	SAC	361403	369021	369021											
361390	REDEPARED TEL. COOR	2014	Tom Campbell	0> 651-621-8511	30> tcampbell@otcpas.com											4.4								
			Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030>	Federated Telephone Cooperative	na	Federated Telephone Cooperative	SHIP	Affiliates	Federated Telephone Company	Federated Telephone Company	. Telephone Company									and the second s		
800) Operating Companies Jata Collection Form	1				<039> Contact Email Addres		1				Federated	Federated	Federated				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
S TE	015	<020>	<030>	<035>	Ą	<810>	<811>	<812>	<813>															

Page 1 of 2

SAC: 361390 State: MN

Federated Tel Coop

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

As required by MN. Rule "7812.0700 Minnesota General Service Quality Requirements. Subpart 1" the local services provided by Federated Tel Coop are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Minnesota Public Utility Commission orders and rules including:

7810.0100 DEFINITIONS. 7810.0200 SCOPE. 7810.0300 STATUTORY AUTHORITY.

RECORDS AND REPORTS

7810.0400 RETENTION OF RECORDS.
7810.0500 DATA TO BE FILED WITH THE COMMISSION.
7810.0600 REPORT TO COMMISSION ON SERVICE DISRUPTION.
7810.0900 LOCATION OF RECORDS.

CUSTOMER RELATIONS

7810.1000 INFORMATION AVAILABLE TO CUSTOMER AND PUBLIC. 7810.1100 COMPLAINT PROCEDURES. 7810.1200 RECORD OF COMPLAINT.

CUSTOMER BILLING; DEPOSIT AND GUARANTEE REQUIREMENTS

7810.1400 CUSTOMER BILLING.

7810.1500 DEPOSIT AND GUARANTEE REQUIREMENTS.

7810.1600 DEPOSIT.

7810.1700 GUARANTEE OF PAYMENT.

DISCONNECTION OF SERVICE; SERVICE DELAY

7810.1800 PERMISSIBLE SERVICE DISCONNECTIONS WITH NOTICE.

7810.1900 PERMISSIBLE SERVICE DISCONNECTIONS WITHOUT NOTICE.

7810.2000 NONPERMISSIBLE REASONS TO DISCONNECT SERVICE.

7810.2100 MANNER OF DISCONNECTION.

7810.2200 RECONNECTION OF SERVICE.

7810.2300 NOTICE REQUIREMENTS.

7810.2400 BILL DISPUTES.

7810.2500 ESCROW PAYMENTS.

7810.2600 WAIVING RIGHT TO DISCONNECT; EMERGENCY STATUS.

7810.2800 DELAY IN INITIAL SERVICE OR UPGRADE.

DIRECTORIES

7810.2900 CONTENT OF DIRECTORIES. 7810.3000 DIRECTORY ASSISTANCE. 7810.3100 CHANGES OR ERROR OF LISTED NUMBER.

ENGINEERING

7810.3200 CONSTRUCTION OF TELEPHONE PLANT. 7810.3300 MAINTENANCE OF PLANT AND EQUIPMENT. 7810.3900 EMERGENCY OPERATIONS.

Page 2 of 2

SAC: 361390 State: MN

Federated Tel Coop

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

INSPECTIONS, TESTS, SERVICE REQUIREMENTS

7810.4100 ACCESS TO TEST FACILITIES.

7810.4300 ACCURACY REQUIREMENTS.

7810.4900 ADEQUACY OF SERVICE.

7810.5000 UTILITY OBLIGATIONS.

7810.5100 TELEPHONE OPERATORS.

7810.5200 ANSWERING TIME.

7810.5300 DIAL SERVICE REQUIREMENTS.

7810.5400 INTEROFFICE TRUNKS.

7810.5500 TRANSMISSION REQUIREMENTS.

7810.5800 INTERRUPTIONS OF SERVICE.

7810.5900 CUSTOMER TROUBLE REPORTS.

7810.6000 PROTECTIVE MEASURES.

7810.6100 SAFETY PROGRAM.

Federated Tel Coop is in compliance with Federal CPNI rules, Red Flag Rules and other Federal and State requirements governing the protection of Customer's privacy.

Page 1 of 1

SAC: 361390 State: MN

Federated Tel Coop

Form 481 Line No. 610 Description of Functionality in Emergency Situations

Federated Tel Coop pursuant to MN Rule "7810.390 Emergency Operations" has:

- Established reasonable provisions' to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm, or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
 - o A minimum of four hours of battery service in each central office.
 - o A permanently installed power unit in exchanges exceeding 5000 lines.
 - Mobile power units that can be delivered on short notice and which can be readily.
 connected in offices without installed emergency power facilities.
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

Page 1 of 3

SAC: 361390 State: MN

Federated Tel Coop

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Federated Tel Coop does adhere to all Federal Lifeline eligibility rules and regulations as well as Minnesota Administrative Rule "7817.0400 - Eligibility for Telephone Assistance Credits" which states:

Minnesota Administrative Rule 237 Chapter 7817.0400

Subpart 1. Information provided. Each local service provider shall annually mail a notice of the availability of the telephone assistance plan to each residential subscriber in a regular billing. If a subscriber has chosen to receive the regular billing other than through U.S. mail, the local service provider shall send the notice in a regular billing using the delivery method chosen by the subscriber for delivery of the regular billing. The notice must state the following: YOU MAY BE ELIGIBLE FOR ASSISTANCE IN PAYING YOUR TELEPHONE BILL IF YOU RECEIVE BENEFITS FROM CERTAIN LOW-INCOME ASSISTANCE PROGRAMS OR MEET CERTAIN INCOME LIMITS. FOR MORE INFORMATION OR AN APPLICATION FORM PLEASE CONTACT

<u>(local service provider)</u>. On request, the local service provider shall mail to a person an application form developed by the commission and the Department of Commerce, and a brochure that describes the telephone assistance plan's eligibility requirements and application process.

Subpart 2. Application process. On completing and signing the application certifying under penalty of perjury that the information provided by the applicant is true and that the statutory criteria for eligibility are satisfied, the applicant must return it to the local service provider for enrollment in the telephone assistance plan. An application may be made by the subscriber, the subscriber's spouse, or a person authorized by the subscriber to act on the subscriber's behalf.

Subpart 4. Eligibility criteria. To be eligible for a telephone assistance credit the applicant must:

- A. be a subscriber who resides in Minnesota or has moved to Minnesota and intends to remain; and
- B. be eligible for the federal Lifeline telephone service discount.

Subpart 7. Applicant and recipient responsibilities. Each applicant and each recipient shall provide current information to the local service provider about permanent changes that affect the applicant's or recipient's eligibility.

Subpart 8. Local service provider responsibilities.

- A. A local service provider shall begin providing telephone assistance credits to an applicant in the earliest possible billing cycle but not later than the second billing cycle following submission of a completed application demonstrating eligibility. If certified, the local service provider shall notify the applicant by, for example, placing telephone assistance credits on the bill.
- B. If an applicant is denied eligibility, the local service provider shall notify the applicant in writing of the reasons for the denial, of the right to appeal, and of the right to reapply.

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SAC: 361390 State: MN Federated Tel Coop Form 481 Line No. 1210 Lifeline Plans Terms and Conditions Rates Federated Tel Coop's Local service rates that serve as its Lifeline Plans are filed in Compliance with the regulatory requirements of Minn. Rules Ch. 7810 and Minn. Rules pt. 7812.0600 as follows: A. The tariffs or price lists of local exchange carriers must offer the following services to all customers pursuant to Minn. Rules pt. 7812.0600 (basic service requirements): single party voice-grade service and touch-tone capability; ____ 911 or enhanced 911 access; 1 + intraLATA and interLATA presubscription and code-specific equal access to interexchange carriers subscribing to its switched access service; access to directory assistance, directory listings, and operator services; ___ toll and information service-blocking capability without recurring monthly charges ____ one white pages directory per year for each local calling area, which may include more than one local calling area, except where an offer is made and explicitly refused by the customer; a white pages and directory assistance listing, or, upon customer request, a private listing that allows the customer to have an unlisted or unpublished telephone number; ____ call-tracing capability according to chapter 7813; ____ (i) call Trace provisions in tariff mirror Commission's tariff templates. blocking capability according to the Commission's ORDER ESTABLISHING CONDITIONS FOR THE PROVISION OF CUSTOMER LOCAL AREA SIGNALING SERVICES, Docket No. P999/CI-92-992 (June 17, 1993) and its ORDER AFTER RECONSIDERATION, Docket No. P999/CI-92-992 (December 3, 1993).

> __telecommunications relay service capability or access necessary to comply with state and federal regulations.

B. A Separate flat rate service offering is required pursuant to Minn. Rules pt. 7812.0600, subpt. 2. At a minimum, each local service provider (LSP) shall offer the services identified in Minn. Rules pt. 7812.0600, subpt. 1 as a separate tariff or price list offering on a flat rate basis. An LSP may also offer basic local service on a measured rate basis or in combination with other services. An LSP may impose separate charges for the services set forth in subpart 1 only to the extent permitted by applicable laws, rules, and commission orders.

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Federated Tel Coop

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

C. Service area obligations under Minn. Rules pt. 7812.0600, subpt. 3: An LSP shall provide its local services on a nondiscriminatory basis, consistent with its certificate under part 7812.0300 or 7812.0350, to all customers who request service and whose premises fall within the carrier's service area boundaries or, for an interim period, to all requesting customers whose premises fall within the operational areas of the local service provider's service area under part 7812.0300, subpart 4, or 7812.0350, subpart 4. The obligation to provide resale services does not extend beyond the facilities-based services does not require an LSP that is not an eligible telecommunications carrier (ETC) to build out its facilities to customers not abutting its facilities or to serve a customer if the local service provider cannot reasonably obtain access to the point of demarcation on the customer's premises. service capability of the underlying carrier whose service is being resold. The obligation to provide

The flat rate services, offered pursuant to Minn. Rules pt. 7812.0600, subpt. 2., include unlimited local service minutes of use. The local services offerings do not include any toll minutes of use. The rates for any toll usage are determined by the rate plans of the Toll Provider(s) that are selected by lifeline end users.

The specific Company terms and conditions for the Companies Lifeline Plans are set forth in the tariff pages included in Exhibit 1, attached.

Exhibit 1

SAC: 361390 State: MN

Federated Tel Coop

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

FEDERATED TELEPHONE COOPERATIVE D/B/A FEDERATED TELEPHONE CHOKIO, MINNESOTA

Section 4 Page 1

LOCAL EXCHANGE SERVICE

The rates for Local Exchange Service are subject to the conditions set forth herein and the General Regulations governing provision of service. The General Regulations are set forth in Section 2 of this tariff book.

Local Exchange Service

- A. The Local Exchange Service Rates in this section are for service only and do not include any terminal equipment beyond the point of demarcation.
- B. The rates applicable to Local Exchange Service are composed of a Line Access Rate component plus (where applicable) an Extended Area Service component.

C. Service Upgrades

- 1) At the option of the Company, services will be upgraded to business individual line and residence individual line as facilities for the provision of such services permit.
- 2) Upgrading of business and residence services may be accomplished on a line by line basis at the option of the Company.
- 3) As an exchange is upgraded, as set forth in 1) above, the rates shown on the appropriate rate schedule will be applied.

D. Extended Area Service

- Establishment and discontinuance of EAS will be contingent upon Commission authorization.
- 2) Extended Area Service rate component.
 - a) EAS is a premium-type service offering made by the Company to certain exchanges, under specific conditions.
 - b) The Extended Area Service rate component, where applicable, is included in the Local Exchange Service Rate.

E. Taxes

1) Applicable taxes levied by state, county and local taxing authorities are in addition to the rates set forth in this tariff. (See also General Regulations, Section 2).

F. Surcharges

The total monthly charges will include amounts to be collected for the telephone assistance plan (TAP), the telecommunications access for the communication-impaired persons fund (TACIP), the 911 program and the state surcharge on 900/976 calls originating in Minnesota.

Effective: 11-1-07

FEDERATED TELEPHONE COOPERATIVE D/B/A FEDERATED TELEPHONE CHOKIO, MINNESOTA

Section 4 Page 2 Revision 2

LOCAL EXCHANGE SERVICE

Exchange - Big Bend, Chokio, Correll, Danvers, Hancock, Holloway, Milan, Odessa

Class of Service	Monthly Rates	
BUSINESS: One Party	\$ 15.00 (I)	
Basic Coin Telephone Service	15.00 (1)	
RESIDENCE: One Party	15.00 (I)	

All rates are billed in advance. Payment for service is due when the statement is rendered.

Effective: <u>5-1-13</u>

FEDERATED TELEPHONE COOPERATIVE D/B/A FEDERATED TELEPHONE CHOKIO, MINNESOTA

Section 4 Page 3

LOCAL EXCHANGE SERVICE

Extended Area Service (EAS)

Exchange	EAS to Exchange
Big Bend Big Bend Chokio Correll Correll Correll Danvers Danvers Holloway Holloway Holloway Milan Milan Milan Odessa Odessa Odessa	Appleton Milan Montevideo Morris Appleton Holloway Odessa Benson Holloway Appleton Danvers Correll Big Bend Appleton Montevideo Ortonville Bellingham Correll

Effective: 11-1-07

SAC: 361390 State: MN

Federated Tel Coop

Form 481 Line No. 3017 RUS Annual Report

ATTACHMENT REDACTED IN ENTIRETY